

**Affidavit to Accompany
Motion for Leave to Appeal in Forma Pauperis**

District Court No. 04-CR-10217
Appeal No. 06-2213

US

v.

WILDER

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: 

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 9/20/06

My issues on appeal are:

Error in denial of motion to suppress evidence.

Error in admission of expert pediatric testimony as to age of children depicted in photographic evidence and whether the children were real.

Error in instructing jury and multiple trial issues.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>10.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total Monthly income:	\$ <u>10.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>Self Employed</u>	<u>5 Valley Rd. Duxbury, MA</u>	<u>5/03 - 4/04</u>	<u>\$2,000.00</u>
	<u>01826</u>		
<u>Unifor</u>	<u>Bethel, ME</u>	<u>12/00 - 11/02</u>	<u>\$130.00</u>
	<u>L.S.C.I.</u>		

3. List your spouses's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>Bank of America</u>	<u>Checking</u>	<u>\$ 1080.00</u>	<u>\$ N/A</u>
<u>Bank of America</u>	<u>Savings</u>	<u>\$ 308.00</u>	<u>\$ N/A</u>
<u>John Hancock</u>	<u>IRA</u>	<u>\$ 9150.00</u>	<u>\$ N/A</u>
<u>Bureau of Prison</u>	<u>Inmate Account</u>	<u>\$ 352.20</u>	<u>N/A</u>

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle #1	(Value)
<u>N/A</u>		<u>N/A</u>		Make & year: <u>N/A</u>	
				Model: _____	
				Registration#: _____	
Motor Vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year: <u>N/A</u>		<u>N/A</u>		<u>N/A</u>	
Model: _____					
Registration#: _____					

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>N/A</u>		

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>N/A</u>		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse <i>not married</i>
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>N/A</u>	\$ <u>N/A</u>
Are any real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>N/A</u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>N/A</u>	\$ _____
Food	\$ <u>N/A</u>	\$ _____
Clothing	\$ <u>N/A</u>	\$ _____
Laundry and dry-cleaning	\$ <u>N/A</u>	\$ _____
Medical and dental expenses	\$ <u>N/A</u>	\$ _____
Transportation (not including motor vehicle payments)	\$ <u>N/A</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>N/A</u>	\$ _____
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>N/A</u>	\$ _____
Homeowner's or renter's	\$ <u>N/A</u>	\$ _____
Life	\$ <u>N/A</u>	\$ _____
Health	\$ <u>N/A</u>	\$ _____
Motor Vehicle	\$ <u>N/A</u>	\$ _____
Other: _____	\$ <u>N/A</u>	\$ _____
Taxes (not deducted from wages or included in Mortgage payments)(specify): _____	\$ <u>N/A</u>	\$ _____
Installment payments	\$ <u>N/A</u>	\$ _____
Motor Vehicle	\$ <u>N/A</u>	\$ _____
Credit card (name): _____	\$ <u>N/A</u>	\$ _____
Department store (name): _____	\$ <u>N/A</u>	\$ <u>✓</u>
Other: _____	\$ <u>N/A</u>	\$ <u>N/A</u>

Alimony, maintenance, and support paid to others	\$ <u>N/A</u>	\$ <u>N/A</u>
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>N/A</u>	\$ <u>↓</u>
Other (specify): _____	\$ <u>N/A</u>	\$ <u>↓</u>
Total monthly expenses:	\$ <u>\$0</u>	\$ <u>N/A</u>

not married

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ N/A

If yes, state the attorney's name, address, and telephone number:

N/A

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$ N/A

If yes, state the person's name, address, and telephone number:

N/A

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I was on 24 hour home confinement from 3/05 until I was imprisoned on 3/06.

I was in prison from 4/04 thru 3/05 for a probation violation.

I was in ^{Federal} prison from 11/00 thru 11/02 at A.S.C.I. Butner, NC

13. State the address of your legal residence. FMC Devers
Po Box 879
Devers, MA 01434
Inmate # 23022-038

Your daytime phone number: () N/A

Your age: 36 Your years of schooling: BS in Business Management

Inmate Inquiry



Inmate Registry:	79012015	Current Institution:	Prison #101
Inmate Name:	WILDER, EVAN	Housing Unit:	1000000
Report Date:	09/18/2006	Living Quarters:	1000000
Report Time:	11:43:17 AM		

[General Information](#) |
 [Account Balances](#) |
 [Commissary History](#) |
 [Commissary Restrictions](#) |
 [Comments](#)

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 2486
 PAC #: 626348492
 FRP Participation Status: Completed
 Arrived From:
 Transferred To:
 Account Creation Date: 10/12/2004
 Local Account Activation Date: 7/15/2006 6:33:45 AM

Sort Codes:
 Last Account Update: 9/17/2006 7:34:11 PM
 Account Status: Active
 Phone Balance: \$54.11

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance:	\$352.20
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00
Administrative Hold Balance:	\$0.00
Available Balance:	\$352.20
National 6 Months Deposits:	\$1,103.60
National 6 Months Withdrawals:	\$751.40
National 6 Months Avg Daily Balance:	\$294.17
Local Max. Balance - Prev. 30 Days:	\$1,000.40
Average Balance - Prev. 30 Days:	\$628.28

T. O'Connor, Counselor
FMC Devils
9/18/06